

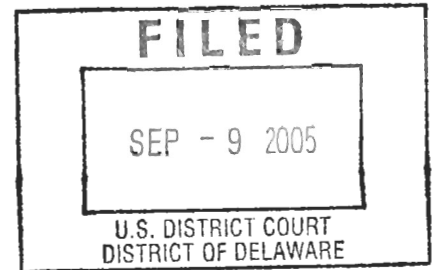
FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. 1983

05 661

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

Mr. Laren [REDACTED] Harris
(Enter above the full name of the plaintiff in this action)

V.



Prison Medical Service - Dr. Rodger (others to be named)

Delaware Correctional Center - Deputy

Warden Bally Burr, [REDACTED] [REDACTED] (others may be named)
(Enter above the full name of the defendant(s) in this action)

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?

YES []

NO ☒

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs _____

Defendants _____

2. Court (if federal court, name the district, if state court, name the county)

3. Docket Number _____

4. Name of judge to whom case was assigned

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. A. Is there a prisoner grievance procedure in this institution? YES ☒ NO ☐

B. Did you present the facts relating to your complaint in the state prisoner Grievance procedure: YES ☒ NO ☐

C. If your answer is YES,

1. What steps did you take? Filed grievance in the time

prescribed in the prison grievance manual

2. What was the result? I think ~~two~~ (2) were resolved but lies were
written on them. The others weren't resolved or responded to.

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? YES ☐ NO ☐

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

- A. Name of Plaintiff Mr. Larew Harris #175282
 Address D.C.C. 1181 Paddock RD Smyrna, DE 19977

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions and place of employment of any additional defendants.)

- B. Defendants Betty Burris is employed as Deputy Warden
at Delaware Correctional Center
1181 Paddock RD Smyrna, DE 19977
- C. Additional Defendants ~~Dr. Rodgers~~, Dr. Rodgers
~~Nurse Betty~~, Nurse Betty, Prison Medical
Service, 1181 Paddock RD Smyrna, DE 19977
Same Address as above

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments. Or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

- 1) I've been incarcerated in D.C.C. since MAY 2005. I have
filed numerous sick call notices to have my knees examined,
this prison has not examined my knees. This is causing me
serious and severe pain. I have made Dr. Rodgers aware
of the problem she didn't examine my knees. I have been
prescribed Tylenol by Gaudier Hill prison doctor, those pills do little
or nothing to relieve pain. This has been told to prison medical
service. (~~see attached~~) (See attached)

V. Relief

(State briefly exactly what you want the courts to do for you. Make no legal arguments. Cite no cases or statutes.)

Financial damages for pain and suffering.
J.H. ~~Financial damages for being forced to stay in~~
~~this filthy cell.~~ Receive necessary medical treatment
to resolve knee pain. ^{L.H.} ~~Be allowed to attend my~~
~~cell.~~

Signed this ^{31st} ~~August~~ day of August, 2005.

Mr. Laron C. Harris
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

September 5, 2005
Date

Mr. Laron C. Harris
(Signature of Plaintiff)

Certificate of Service

I, Mr. Larence Harris, hereby certify that I have served a true
and correct cop(ies) of the attached: The Civil Rights Act, 42 U.S.C
1983 upon the following
parties/person (s):

TO: Clark.

TO: _____

U.S. District Court

S. Caleb Boggs Federal Building

Lock Box 18

844 N. King St.

Wilm. DE 19801

TO: _____

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United
States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE
19977.

On this 5 day of September, 2005

Mr. Larence Harris

IM Me. Lareu Harris
SBI# 175282 UNIT 17-D
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

Legat
MAIL



Court Clerk / US District Court
S. Caleb Boggs Federal Bldg.
Lock Box #18 844 N. King St.
Wilmington, DE
19801

Legat
MAIL

19801+3512 12